## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/15/2012 FORM APPROVED OMB NO. 0938-0391

INMECO PROVIDER OR SUPPLIER  LUTHERAN LIFE VILLAGES  SUMMAYS STATEMENT OF DEPICIENCES  OTHER SUMMAYS STATEMENT OF DEPICIENCES  OTHER SUMMAYS STATEMENT OF DEPICIENCES  OTHER SUMMAYS STATEMENT OF DEPICIENCES  (CACH DEPICIENCY MUST BE PROCEDED BY VILL PRETX  IAO  INITIAL COMMENTS  A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 013/11/2 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).  Survey Date: 03/12/12  Facility Number: 100275020  Surveyor: Amy Kelley, Life Safety Code Specialist  At this PSR survey, Lutheran Life Villages was found in compliance with Requirements for Participation in Medicare/Medicald, 42 CFR Subpart 483.70(a), Life Safety Code (Specialist)  At this PSR survey, Lutheran Life Villages was found in compliance with Requirements for Participation in Medicare/Medicald, 42 CFR Subpart 483.70(a), Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.  The main building is a three story building determined to be of Type I (332) construction with a basement and is spinklered with the exception of the basement. The Health and Rehabilitation building is a one story building of Type I (332) construction and was fully spinklered. The main building has a fire alarm system with smoke detection in corridors, areas open to the corridors and all resident rooms. The Health and Rehabilitation building has a fire alarm system with smoke detection in the corridors, areas open to the corridors and single station battery operated smoke detection in the corridors, areas open to the corridors and single station battery operated smoke detection in the corridors, areas open to the corridors and single station battery operated smoke detection in the corridors, areas open to the corridors and single station battery operated smoke detection in the resident rooms	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  01		(X3) DATE SURVEY COMPLETED	
SUMMARY STATEMENT OF DEFICIENCIES   December 1   SUMMARY STATEMENT OF DEFICIENCIES   EACH DEFICIENCY MUST RE PERCEDED BY PLUI.   PREFIX   GACH DEFICIENCY MUST RE PERCEDED BY PLUI.   PREFIX   GACH DEFICIENCY WIST RE PERCEDED BY PLUI.   PREFIX   GACH CORRECTIVE ACTION SHOULD BE COMMERTION   DEFICIENCY OR LIST DEFICI			155586	B. WIN	G		03/1	2/2012
PREFIX TAG   REGULATORY OR LSC IDENTIFYING INFORMATION    TAG   CROSS REFERENCED TO THE APPROPRIATE   CANSS REFERENCED TO THE APPROPRIATE   CANS					670	1 S ANTHONY BLVD		
A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 01/31/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).  Survey Date: 03/12/12  Facility Number: 000283 Provider Number: 155586 AIM Number: 100275020  Surveyor: Amy Kelley, Life Safety Code Specialist  At this PSR survey, Lutheran Life Villages was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.  The main building is a three story building determined to be of Type I (332) construction with a basement. The Health and Rehabilitation building has a fire alarm system with smoke detection in corridors, areas open to the corridors and all resident rooms. The Health and Rehabilitation building has a fire alarm system with smoke detection in the corridors, areas open to the corridors and single station battery operated smoke detector in the resident rooms	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREF		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETION
Code Recertification and State Licensure Survey conducted on 01/31/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).  Survey Date: 03/12/12  Facility Number: 000283 Provider Number: 105286 AIM Number: 100275020  Surveyor: Amy Kelley, Life Safety Code Specialist  At this PSR survey, Lutheran Life Villages was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.  The main building is a three story building determined to be of Type I (332) construction with a basement and is sprinklered with the exception of the basement. The Health and Rehabilitation building is a one story building of Type I (332) construction and was fully sprinklered. The main building has a fire alarm system with smoke detection in corridors, areas open to the corridors and all resident rooms. The Health and Rehabilitation building has a fire alarm system with smoke detection in the corridors, areas open to the corridors and single station battery operated smoke detection in the corridors, areas open to the corridors and single station battery operated smoke detector in the croridors, areas open to the corridors and single station battery operated smoke detector in the croridors.	{K 000}	INITIAL COMMENTS		{K (	(000			
to the corridors and single station battery operated smoke detector in the resident rooms		Code Recertification conducted on 01/31/Indiana State Deparaccordance with 42 Survey Date: 03/12/Facility Number: 00 Provider Number: 1 AIM Number: 10027/Surveyor: Amy Kelle Specialist  At this PSR survey, found in compliance Participation in Medi Subpart 483.70(a), L 2000 edition of the N Association (NFPA) Chapter 19, Existing and 410 IAC 16.2.  The main building is determined to be of a basement and is s of the basement. The building is a one store construction and was building has a fire all detection in corridors and all resident room Rehabilitation buildiri	and State Licensure Survey 12 was conducted by the timent of Health in CFR 483.70(a).  12  12  12  13  15  15  15  16  17  17  18  18  18  18  18  18  18  18					
	ADODATORY	to the corridors and operated smoke det	single station battery ector in the resident rooms			TITLE		(Ve) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: 000283

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED R	
		A. BUILD				
	155586	B. WING		03/12/2012		
NAME OF PROVIDER OR SUPPLIER  LUTHERAN LIFE VILLAGES		S	STREET ADDRESS, CITY, STATE, ZIP CODE 6701 S ANTHONY BLVD FORT WAYNE, IN 46816			
PREFIX (EACH DEFICIEN	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	N SHOULD BE COMPLETION EAPPROPRIATE		
which are currently of capacity of 262 and time of this survey.  Quality Review by R	ge 1 I wing and the Phrenic wing, closed. The facility has a had a census of 126 at the closert Booher, Life Safety dical Surveyor on 03/14/12.	{K 00	0}			